

**APPLICATION ORGANIZATION CONFLICT OF INTEREST  
STATEMENT AND DISCLOSURE**

I, \_\_\_\_\_, on behalf of the Application Organization, affirm that I have read the Conflict of Interest Policy for Navigators and Application Organizations (“Policy”), I understand the Policy, and the Application Organization agrees to comply with the Policy.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Name of Application Organization

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

I, \_\_\_\_\_, on behalf of the Application Organization, disclose the following potential and/or actual Conflict(s) of Interest for the Application Organization in compliance with the Policy:

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Name of Application Organization

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed